

## F11.01 ADMINISTER ENLISTED ACCESSION INCENTIVES

### **AFMAN 36-2108, ATT. 2    Enlisted Classification Structure Chart Effective 31 October 2000**

Person Occupation Type (Information Requirement)

*PS\_JOB.JOBCODE*

*PS\_JOBCODE\_TBL.DESCR*

### **AR 611-201, TBL. 1-4    Alphabetical list of MOS by title**

Person Occupation Type (Information Requirement)

*PS\_JOB.JOBCODE*

*PS\_JOBCODE\_TBL.DESCR*

### **DOD 7000.14-R, VOL. 7A,    Monthly Rates of Basic Pay-Enlisted Members-Effective January 1, 2001 (IC-01-01) CH. 2, TBL. 2-8**

Grade (Information Requirement)

*PS\_JOB.GRADE*

*PS\_SAL\_GRADE\_TBL.GRADE*

Grade Projected (Information Requirement)

*PS\_JOB.GRADE*

Pay: Type (Information Requirement)

*PS\_DEDUCTION\_TBL.DEDCD*

*PS\_EARNINGS\_TBL.ERNCD*

### **DOD 7000.14-R, VOL. 7A,    Date to Start BAH - Members with Dependents CH. 26, TBL. 26-6**

*DEPENDENCY BEGIN    If "DepBenef Type" on the PS Dependent/Beneficiary - Name page equals  
DATE RULE    "Dependent" or "Dep/Benef", then "Dependency Begin Date" on the PS  
Dependent/Beneficiary - Personal Profile page must be populated.*

Dependency Start Date (Information Requirement)

### **DOD 7000.14-R, VOL. 7A,    Designated Beneficiary CH. 36, PARA. 360203**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

### **DOD 7000.14-R, VOL. 7A,    Nondesignated Beneficiary CH. 36, PARA. 360204**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

### **DOD 7000.14-R, VOL. 7A,    Authorized Allottee CH. 42, PARA. 420401**

Financial Account Type (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

### **DOD 7000.14-R, VOL. 7A,    Full Time Coverage CH. 47, PARA. 470301**

Servicemen's Group Life Insurance (SGLI): Option (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

### **DOD 7000.14-R, VOL. 7A,    Emergency Partial Payment CHAP. 32, PARA. 320202.A**

Payment Method (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**MCO P1200.7W, FIG. 3-26 Alphabetical Listing of Enlisted MOSs**

Person Occupation Type (Information Requirement)

*PS\_JOB.JOBCODE*

*PS\_JOBCODE\_TBL.DESCR*

**NAVPERS 18068F, CH. IV, NEC DESCRIPTIONS  
PARA. C**

Person Occupation Type (Information Requirement)

*PS\_JOB.JOBCODE*

*PS\_JOBCODE\_TBL.DESCR*

**TITLE 10 USC, CH. 101 TRAINING GENERALLY**

Educational Organization Type (Information Requirement)

*PS\_SCHOOL\_TYPE\_TBL.SCHOOL\_TYPE\_CODE*

**TITLE 10 USC, CH. 35 Chapter 35 - Temporary Appointments in Officer Grades**

Uniformed Service Rank Category (Information Requirement)

**TITLE 10 USC, CH. 43, Sec. 741. Rank: commissioned officers of the armed forces  
SECT. 741(A)**

Uniformed Service Rank (Information Requirement)

**TITLE 10 USC, CH. 43, Sec. 741. Rank: commissioned officers of the armed forces  
SECT. 741(D)**

Uniformed Service Rank Effective Date (Information Requirement)

**TITLE 10 USC, CH. 47, Wrongful use, possession, etc., of controlled substances  
SECT. 912A., PARA. (B)(1)**

DRUG CODE (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

**TITLE 10 USC, CH. 47, SUBCHAPTER X - PUNITIVE ARTICLES  
SUBCH. X**

Violation Offense (Information Requirement)

*PS\_CNT\_CLAUSE\_TBL.CONTRACT\_CLAUSE*

**TITLE 10 USC, SECT. Sec. 101. Definitions  
101(A)(4)**

Initial Service Entry Uniformed Service Branch (Information Requirement)

*PS\_BUS\_UNIT\_TBL\_HR.BUSINESS\_UNIT*

*PS\_JOB.BUSINESS\_UNIT*

Person Uniformed Service Branch (Information Requirement)

*PS\_JOB.BUSINESS\_UNIT*

Uniformed Service Branch (Information Requirement)

*PS\_BUS\_UNIT\_TBL\_HR.BUSINESS\_UNIT*

**TITLE 10 USC, SECT. Sec. 101. Definitions  
101(A)(5)**

Person Uniformed Service Branch (Information Requirement)

*PS\_JOB.BUSINESS\_UNIT*

Uniformed Service Branch (Information Requirement)

*PS\_BUS\_UNIT\_TBL\_HR.BUSINESS\_UNIT*

**TITLE 37 USC, SECT. 403    *Basic Allowance for Housing***

Basic Allowance for Housing (BAH) Dependent Entitlement (Information Requirement)

*PS\_ADDL\_PAY\_ERNCD.ERNCD*

Basic Allowance for Housing (BAH) Reimbursement Entitlement (Information Requirement)

*PS\_ADDL\_PAY\_ERNCD.ERNCD*

## **F11.02 PROCESS NON-PRIOR SERVICE (NPS) ENLISTED**

**AFI 48-123, PARA. A7.11.2 Flying Class I, IA, II-Flight Surgeon Applicant and III-Inflight Refueler Applicants : individuals required to perform**

Depth Perception Test Result (Information Requirement)

**AFMAN 36-2108, ATT. 2 Enlisted Classification Structure Chart Effective 31 October 2000**

Person Occupation Type (Information Requirement)

*PS\_JOB.JOBCODE*

*PS\_JOBCODE\_TBL.DESCR*

**AR 350-20, APP. F DLIFLC Language Skill Level Descriptions**

Foreign Language Proficiency Level (Information Requirement)

*PS\_ACCOMPLISHMENTS.NATIVE\_LANGUAGE*

*PS\_ACCOMPLISHMENTS.READ\_PROFICIENCY*

*PS\_ACCOMPLISHMENTS.SPEAK\_PROFICIENCY*

*PS\_ACCOMPLISHMENTS.TRANSLATOR*

*PS\_ACCOMPLISHMENTS.WRITE\_PROFICIENCY*

Foreign Language Proficiency Type (Information Requirement)

*PS\_ACCOMPLISHMENTS.NATIVE\_LANGUAGE*

*PS\_ACCOMPLISHMENTS.READ\_PROFICIENCY*

*PS\_ACCOMPLISHMENTS.SPEAK\_PROFICIENCY*

*PS\_ACCOMPLISHMENTS.TRANSLATOR*

*PS\_ACCOMPLISHMENTS.WRITE\_PROFICIENCY*

**AR 40-501, TBL. 7-1 Physical profile functional capacity guide**

Person Physical Ranking (Information Requirement)

*PS\_ACCOMPLISHMENTS.SCORE*

Physical Profile (PULHES-X) Rating (Information Requirement)

*PS\_ACCOMPLISHMENTS.SCORE*

**AR 40-501, TBL. 8-1, ITEM 64 Recording of Medical Examination (Color Vision)**

Color Vision Test Result (Information Requirement)

**DOD 1330.17-R, CH. 3, APP. C, PARA. 3 Commissary Privilege Card - Basic Instructions**

Person Identification Issue Reason (Information Requirement)

*PS\_PERSONAL\_DATA.EMPLID*

**DOD 1330.17-R, CH. 3, APP. C, PARA. 5 Commissary Privilege Cards - Basic Instructions**

Person Identification Issue Reason (Information Requirement)

*PS\_PERSONAL\_DATA.EMPLID*

**DOD 5200.2-R, PARA. C2.3 C2.3. TYPES AND SCOPE OF PERSONNEL SECURITY INVESTIGATIONS**

Personnel Security Investigation Type (Information Requirement)

**DOD 5200.2-R, PARA. C6.1.4.1 C6.1.4. Adjudicative Record**

Security Clearance Granted Current Date (Information Requirement)

**DOD 5200.2-R, PARA. C9.2 C9.2. SECURITY EDUCATION**

Person Security Briefing Type (Information Requirement)

**DOD 7000.14-R, VOL. 7A, Monthly Rates of Basic Pay-Enlisted Members-Effective January 1, 2001 (IC-01-01)  
CH. 2, TBL. 2-8**

Grade (Information Requirement)

*PS\_JOB.GRADE*

*PS\_SAL\_GRADE\_TBL.GRADE*

Grade Projected (Information Requirement)

*PS\_JOB.GRADE*

Pay: Type (Information Requirement)

*PS\_DEDUCTION\_TBL.DEDCD*

*PS\_EARNINGS\_TBL.ERNCD*

**DOD 7000.14-R, VOL. 7A, Date to Start BAH - Members with Dependents  
CH. 26, TBL. 26-6**

*DEPENDENCY BEGIN*      *If "DepBenef Type" on the PS Dependent/Beneficiary - Name page equals*  
*DATE RULE*                *"Dependent" or "Dep/Benef", then "Dependency Begin Date" on the PS*  
                                     *Dependent/Beneficiary - Personal Profile page must be populated.*

Dependency Start Date (Information Requirement)

**DOD 7000.14-R, VOL. 7A, Designated Beneficiary  
CH. 36, PARA. 360203**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Nondesignated Beneficiary  
CH. 36, PARA. 360204**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Authorized Allottee  
CH. 42, PARA. 420401**

Financial Account Type (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**DOD 7000.14-R, VOL. 7A, Full Time Coverage  
CH. 47, PARA. 470301**

Servicemen's Group Life Insurance (SGLI): Option (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

**DOD 7000.14-R, VOL. 7A, Emergency Partial Payment  
CHAP. 32, PARA. 320202.A**

Payment Method (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**DODD 1350.2, PARA. E2.1.1 Ethnic and Racial Categories**

Person Race (Information Requirement)

*PS\_DIVERSITY.ETHNIC\_GROUP*

**DODD 4640.13, PARA. E1.1.4 Defense Switched Network (DSN)**

Electronic Network Type (Information Requirement)

*PS\_PERSONAL\_PHONE.PHONE\_TYPE*

**DODD 4640.13, PARA. E1.1.6      Federal Telecommunications System (FTS) 2000**

Electronic Network Type (Information Requirement)  
*PS\_PERSONAL\_PHONE.PHONE\_TYPE*

**DODI 1300.18, ENCL. 2,  
PARA. E2.1.1.25**

Beneficiary for Death Gratuity Relationship (Information Requirement)  
*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*  
*PS\_DEPENDENT\_BENEF.RELATIONSHIP*  
*PS\_LIFE\_ADD\_BENEFC.DEPENDENT\_BENEF*  
Person Relationships (Information Requirement)  
*PS\_DEPENDENT\_BENEF.RELATIONSHIP*  
Servicemen's Group Life Insurance (SGLI): Beneficiary Relationship (Information Requirement)  
*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*  
*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DODI 1300.18, ENCL. 7, RELIGIOUS PREFERENCE CODES  
ATT. 2**

Person Faith Group (Information Requirement)  
*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

**DODI 1300.18, PARA. 4      MILITARY MEMBER CASUALTY NEXT OF KIN (NOK) NOTIFICATION POLICY**

Beneficiary for Death Gratuity Relationship (Information Requirement)  
*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*  
*PS\_DEPENDENT\_BENEF.RELATIONSHIP*  
*PS\_LIFE\_ADD\_BENEFC.DEPENDENT\_BENEF*  
Servicemen's Group Life Insurance (SGLI): Beneficiary Relationship (Information Requirement)  
*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*  
*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DODI 1336.5, ENCL. 4, Language Codes  
ATT. 12**

Foreign Language (Information Requirement)  
*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

**DODI 1336.5, ENCL. 4, Educational Designator Code  
ATT. 3**

Educational Designator Code (Information Requirement)  
*PS\_PERSONAL\_DATA.HIGHEST\_EDUC\_LVL*

**DODI 1336.5, ENCL. 4, E4.A6. ATTACHMENT 6 TO ENCLOSURE 4  
ATT. 6      EDUCATIONAL DISCIPLINE CODE**

Educational Discipline (Information Requirement)  
*PS\_ACCOMPLISHMENTS.MAJOR*  
*PS\_ACCOMPLISHMENTS.MAJOR\_CODE*  
*PS\_MAJOR\_TBL.MAJOR\_CODE*

**DODI 1336.5, ENCL. 4, PG. 13      ENCLOSURE 4 RECORD FORMAT: MASTER AND TRANSACTION FILES  
... Race Code**

Person Race (Information Requirement)  
*PS\_DIVERSITY.ETHNIC\_GROUP*

**DODI 1336.5, ENCL. 4, PG. 14      ENCLOSURE 4 RECORD FORMAT: MASTER AND TRANSACTION FILES  
... Ethnic Affinity Code**

### Ethnic Group (Information Requirement)

**DODI 1336.5, ENCL. 5, ATT. 1, PG. 116**      **Record Format: Personnel TEMPO Transaction File**

RESERVE CATEGORY RULE	If either "Reserve" or "Guard" is selected in the "Empl Class" field on the PS Job Data - Job Information page, then a selection in the "Reserve Component Category Code" and "Reserve Component Training/Retirement Category (TRC)" fields are required.
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### Person Uniformed Service Component (Information Requirement)

PS\_JOB.EMPL CLASS

Reserve Component Category Code (Information Requirement)

Reserve Component Training/Retirement Category (TRC) Designator Code (Information Requirement)

### Uniformed Service Component (Information Requirement)

PS JOB.EMPL CLASS

**DODI 1336.5, ENCL. 5,  
ATT. 1, PG. 124**

Reserve Active Duty Type (Information Requirement)

PS JOB.ACTION

PS\_JOB.ACTION\_REASON

**DODI 7730.54, ENCL. 2, PARA. 2.A**      **Reserve Component Category (RCC) Designators**

RESERVE CATEGORY RULE	If either "Reserve" or "Guard" is selected in the "Empl Class" field on the PS Job Data - Job Information page, then a selection in the "Reserve Component Category Code" and "Reserve Component Training/Retirement Category (TRC)" fields are required.
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### Person Uniformed Service Component (Information Requirement)

PS JOB.EMPL CLASS

Reserve Component Category Code (Information Requirement)

Reserve Component Training/Retirement Category (TRC) Designator Code (Information Requirement)

### Uniformed Service Component (Information Requirement)

PS JOB.EMPL CLASS

**DODI 7730.54, ENCL. 2, PARA. 2.B**      **Training and/or Retirement Category (TRC) Designators**

**RESERVE CATEGORY**  
**RULE**

If either "Reserve" or "Guard" is selected in the "Empl Class" field on the PS Job Data - Job Information page, then a selection in the "Reserve Component Category Code" and "Reserve Component Training/Retirement Category (TRC)" fields are required.

### Person Uniformed Service Component (Information Requirement)

PS\_JOB.EMPL CLASS

Reserve Component Category Code (Information Requirement)

Reserve Component Training/Retirement Category (TRC) Designator Code (Information Requirement)

### Uniformed Service Component (Information Requirement)

PS JOB.EMPL CLASS

**EXECUTIVE ORDER**                      **Sec. 1.3. Classification Levels**  
**12958, SECT. 1.3.(A)**

Person Security Clearance Level (Information Requirement)

*PS\_EMPLOYMENT.SECURITY\_CLEARANCE*

**FIPS PUB 10-4, PARA.3      *Geopolitical Entities and Their Codes***

Address: Legal Residence Country (Information Requirement)

*PS\_FED\_TAX\_DATA.COUNTRY*

Assigned Duty Unit Location Country (Information Requirement)

*PS\_ADDRESSES.COUNTRY*

*PS\_JOB.LOCATION*

*PS\_LOCATION\_TBL.COUNTRY*

Citizenship Country (Information Requirement)

*PS\_CITIZENSHIP.COUNTRY*

Place of Birth Country (Information Requirement)

*PS\_DEPENDENT\_BENEF.BIRTHCOUNTRY*

*PS\_PERSONAL\_DATA.BIRTHCOUNTRY*

**FIPS PUB 5-2, TBL. 1      *FIPS State Codes for the States and the District of Columbia***

Address: Legal Residence State (Information Requirement)

*PS\_STATE\_TAX\_DATA.STATE*

Driver's License State of Issue (Information Requirement)

*PS\_DRIVERS\_LIC.STATE*

Guard Parent State (Information Requirement)

*PS\_ADDRESSES.STATE*

*PS\_JOB.LOCATION*

*PS\_LOCATION\_TBL.STATE*

Place of Birth State (Information Requirement)

*PS\_DEPENDENT\_BENEF.BIRTHSTATE*

*PS\_PERSONAL\_DATA.BIRTHSTATE*

**FIPS PUB 5-2, TBL. 2      *FIPS State Codes for the Outlying Areas of the United States, the Freely Associated States, and Trust Territory***

Address: Legal Residence State (Information Requirement)

*PS\_STATE\_TAX\_DATA.STATE*

Driver's License State of Issue (Information Requirement)

*PS\_DRIVERS\_LIC.STATE*

Guard Parent State (Information Requirement)

*PS\_ADDRESSES.STATE*

*PS\_JOB.LOCATION*

*PS\_LOCATION\_TBL.STATE*

Place of Birth State (Information Requirement)

*PS\_DEPENDENT\_BENEF.BIRTHSTATE*

*PS\_PERSONAL\_DATA.BIRTHSTATE*

**MCO P1200.7W, FIG. 3-26      *Alphabetical Listing of Enlisted MOSs***

Person Occupation Type (Information Requirement)

*PS\_JOB.JOBCODE*

*PS\_JOBCODE\_TBL.DESCR*

**NAVPERS 18068F, CH. IV,      *NEC DESCRIPTIONS***  
**PARA. C**



Person Occupation Type (Information Requirement)

*PS\_JOB.JOB\_CODE*

*PS\_JOB\_CODE\_TBL.DESCR*

**TITLE 10 USC, CH. 101      TRAINING GENERALLY**

Educational Organization Type (Information Requirement)

*PS\_SCHOOL\_TYPE\_TBL.SCHOOL\_TYPE\_CODE*

**TITLE 10 USC, CH. 35      Chapter 35 - Temporary Appointments in Officer Grades**

Uniformed Service Rank Category (Information Requirement)

**TITLE 10 USC, CH. 43,      Sec. 741. Rank: commissioned officers of the armed forces  
SECT. 741(A)**

Uniformed Service Rank (Information Requirement)

**TITLE 10 USC, CH. 43,      Sec. 741. Rank: commissioned officers of the armed forces  
SECT. 741(D)**

Uniformed Service Rank Effective Date (Information Requirement)

**TITLE 10 USC, CH. 47,      Wrongful use, possession, etc., of controlled substances  
SECT. 912A., PARA. (B)(1)**

DRUG CODE (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

**TITLE 10 USC, CH. 47,      SUBCHAPTER X - PUNITIVE ARTICLES  
SUBCH. X**

Violation Offense (Information Requirement)

*PS\_CNT\_CLAUSE\_TBL.CONTRACT\_CLAUSE*

**TITLE 10 USC, SECT.      Sec. 101. Definitions  
101(A)(4)**

Initial Service Entry Uniformed Service Branch (Information Requirement)

*PS\_BUS\_UNIT\_TBL.HR.BUSINESS\_UNIT*

*PS\_JOB.BUSINESS\_UNIT*

Person Uniformed Service Branch (Information Requirement)

*PS\_JOB.BUSINESS\_UNIT*

Uniformed Service Branch (Information Requirement)

*PS\_BUS\_UNIT\_TBL.HR.BUSINESS\_UNIT*

**TITLE 10 USC, SECT.      Sec. 101. Definitions  
101(A)(5)**

Person Uniformed Service Branch (Information Requirement)

*PS\_JOB.BUSINESS\_UNIT*

Uniformed Service Branch (Information Requirement)

*PS\_BUS\_UNIT\_TBL.HR.BUSINESS\_UNIT*

**TITLE 8 USC, CH. 12,      CHAPTER 12 - IMMIGRATION AND NATIONALITY  
SUBCH. I**

Alien Type (Information Requirement)

*PS\_VISA\_PERMIT\_TBL.VISA\_PERMIT\_CLASS*

*PS\_VISA\_PERMIT\_TBL.VISA\_PERMIT\_TYPE*

**USMEPCOM 40-1, PARA. 1 Military entrance medical examinations  
2.A**

Physical Examination Type (Information Requirement)

*PS\_PHYSICAL\_EXAM.EXAM\_TYPE\_CD*

**USMEPCOM 680-1, APP. E (10) Item 6 - SEX  
(10)(B)**

Gender (Information Requirement)

*PS\_DEPENDENT\_BENEF.SEX*

*PS\_PERSONAL\_DATA.SEX*

**USMEPCOM 680-1, APP. E  
(12)(B)**

Ethnic Group (Information Requirement)

**USMEPCOM 680-1, APP. E (13) Item 9 - MARITAL STATUS  
(13)(B)**

Person Marital Status (Information Requirement)

*PS\_DEPENDENT\_BENEF.MAR\_STATUS*

*PS\_PERSONAL\_DATA.MAR\_STATUS*

**USMEPCOM 680-1, APP. E (9) Item 5 - CITIZENSHIP  
(9)(C)**

Citizenship Status (Information Requirement)

*PS\_CITIZENSHIP.CITIZENSHIP\_STATUS*

**USMEPCOM 680-1, APP. I Military Entrance Physical Strength Capacity Test (MEPSCAT) ILD "X" factor.  
(7)(C)**

Physical Profile (PULHES-X) Rating (Information Requirement)

*PS\_ACCOMPLISHMENTS.SCORE*

Upper Body Strength - X Factor (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

*PS\_ACCOMPLISHMENTS.SCORE*

**USMEPCOM 680-1, APP. Medical  
H, PARA E**

Person Hair Color (Information Requirement)

**USMEPCOM 680-1, APP. Medical  
H, PARA E, PG H-14 ...Color-Eyes**

Person Eye Color (Information Requirement)

**USMEPCOM 680-1, APP. Host and Minicomputer Edits  
H, PARA. B, PG. H-8 ... Personal**

Education Years Completed (Information Requirement)

**USMEPCOM 680-1, APP. Medical  
H, PARA. E, PG. H-17**

DRUG CODE (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

Drug Test Result (Information Requirement)

*PS\_ACCOMPLISHMENTS.PASSED*

*PS\_ACCOMPLISHMENTS.SCORE*

**USMEPCOM 680-1, APP. Pay Grade Enlisted  
H, PARA. H, PG. H-21**

Grade (Information Requirement)

*PS\_JOB.GRADE*

*PS\_SAL.GRADE\_TBL.GRADE*

Grade Projected (Information Requirement)

*PS\_JOB.GRADE*

**USMEPCOM 680-1,                      *Physical Profile Categories (PULHESX)***  
**GLOSSARY, PG. 11**

Physical Profile (PULHES-X) (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

## **F31.02 MAINTAIN MANPOWER REQUIREMENTS**

### **TITLE 10 USC, CH. 101      TRAINING GENERALLY**

Educational Organization Type (Information Requirement)

*PS\_SCHOOL\_TYPE\_TBL.SCHOOL\_TYPE\_CODE*

### **TITLE 10 USC, CH. 35      Chapter 35 - Temporary Appointments in Officer Grades**

Uniformed Service Rank Category (Information Requirement)

### **TITLE 10 USC, CH. 43,      Sec. 741. Rank: commissioned officers of the armed forces SECT. 741(A)**

Uniformed Service Rank (Information Requirement)

### **TITLE 10 USC, CH. 43,      Sec. 741. Rank: commissioned officers of the armed forces SECT. 741(D)**

Uniformed Service Rank Effective Date (Information Requirement)

### **TITLE 10 USC, CH. 47,      Wrongful use, possession, etc., of controlled substances SECT. 912A., PARA. (B)(1)**

DRUG CODE (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

### **TITLE 10 USC, CH. 47,      SUBCHAPTER X - PUNITIVE ARTICLES SUBCH. X**

Violation Offense (Information Requirement)

*PS\_CNT\_CLAUSE\_TBL.CONTRACT\_CLAUSE*

### **TITLE 10 USC, SECT.      Sec. 101. Definitions 101(A)(4)**

Initial Service Entry Uniformed Service Branch (Information Requirement)

*PS\_BUS\_UNIT\_TBL\_HR.BUSINESS\_UNIT*

*PS\_JOB.BUSINESS\_UNIT*

Person Uniformed Service Branch (Information Requirement)

*PS\_JOB.BUSINESS\_UNIT*

Uniformed Service Branch (Information Requirement)

*PS\_BUS\_UNIT\_TBL\_HR.BUSINESS\_UNIT*

### **TITLE 10 USC, SECT.      Sec. 101. Definitions 101(A)(5)**

Person Uniformed Service Branch (Information Requirement)

*PS\_JOB.BUSINESS\_UNIT*

Uniformed Service Branch (Information Requirement)

*PS\_BUS\_UNIT\_TBL\_HR.BUSINESS\_UNIT*

## **F6111.02 DETERMINE AUTHORIZATION FOR BASIC ALLOWAN**

**DOD 7000.14-R, VOL. 7A, Monthly Rates of Basic Pay-Enlisted Members-Effective January 1, 2001 (IC-01-01)**  
**CH. 2, TBL. 2-8**

Grade (Information Requirement)

*PS\_JOB.GRADE*

*PS\_SAL\_GRADE\_TBL.GRADE*

Grade Projected (Information Requirement)

*PS\_JOB.GRADE*

Pay: Type (Information Requirement)

*PS\_DEDUCTION\_TBL.DEDCD*

*PS\_EARNINGS\_TBL.ERNCD*

**DOD 7000.14-R, VOL. 7A, Date to Start BAH - Members with Dependents**  
**CH. 26, TBL. 26-6**

*DEPENDENCY BEGIN*      *If "DepBenef Type" on the PS Dependent/Beneficiary - Name page equals*  
*DATE RULE*              *"Dependent" or "Dep/Benef", then "Dependency Begin Date" on the PS*  
   *Dependent/Beneficiary - Personal Profile page must be populated.*

Dependency Start Date (Information Requirement)

**DOD 7000.14-R, VOL. 7A, Designated Beneficiary**  
**CH. 36, PARA. 360203**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Nondesignated Beneficiary**  
**CH. 36, PARA. 360204**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Authorized Allottee**  
**CH. 42, PARA. 420401**

Financial Account Type (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**DOD 7000.14-R, VOL. 7A, Full Time Coverage**  
**CH. 47, PARA. 470301**

Servicemen's Group Life Insurance (SGLI): Option (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

**DOD 7000.14-R, VOL. 7A, Emergency Partial Payment**  
**CHAP. 32, PARA. 320202.A**

Payment Method (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**TITLE 37 USC, SECT. 403 Basic Allowance for Housing**

Basic Allowance for Housing (BAH) Dependent Entitlement (Information Requirement)

*PS\_ADDL\_PAY\_ERNCD.ERNCD*

Basic Allowance for Housing (BAH) Reimbursement Entitlement (Information Requirement)

*PS\_ADDL\_PAY\_ERNCD.ERNCD*

## **F6111.09 DETERMINE AUTHORIZATION FOR CLOTHING ALLO**

**DOD 7000.14-R, VOL. 7A, Monthly Rates of Basic Pay-Enlisted Members-Effective January 1, 2001 (IC-01-01)**  
**CH. 2, TBL. 2-8**

Grade (Information Requirement)

*PS\_JOB.GRADE*

*PS\_SAL\_GRADE\_TBL.GRADE*

Grade Projected (Information Requirement)

*PS\_JOB.GRADE*

Pay: Type (Information Requirement)

*PS\_DEDUCTION\_TBL.DEDCD*

*PS\_EARNINGS\_TBL.ERNCD*

**DOD 7000.14-R, VOL. 7A, Date to Start BAH - Members with Dependents**  
**CH. 26, TBL. 26-6**

*DEPENDENCY BEGIN*      *If "DepBenef Type" on the PS Dependent/Beneficiary - Name page equals*  
*DATE RULE*              *"Dependent" or "Dep/Benef", then "Dependency Begin Date" on the PS*  
   *Dependent/Beneficiary - Personal Profile page must be populated.*

Dependency Start Date (Information Requirement)

**DOD 7000.14-R, VOL. 7A, Designated Beneficiary**  
**CH. 36, PARA. 360203**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Nondesignated Beneficiary**  
**CH. 36, PARA. 360204**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Authorized Allottee**  
**CH. 42, PARA. 420401**

Financial Account Type (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**DOD 7000.14-R, VOL. 7A, Full Time Coverage**  
**CH. 47, PARA. 470301**

Servicemen's Group Life Insurance (SGLI): Option (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

**DOD 7000.14-R, VOL. 7A, Emergency Partial Payment**  
**CHAP. 32, PARA. 320202.A**

Payment Method (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

## **F6114.01 COLLECT INFORMATION TO PROCESS ALLOTMENTS**

**DFAS - INM 7-1, CH. 3-3, SBD Form 2104, Jul 00**  
**FIG. 3-5**

Savings Bond Deduction Amount (Information Requirement)

*PS\_BOND\_SPEC\_DATA.BOND\_DEDUCT\_AMT*

SAVINGS BOND THIRD PARTY NAME AND ADDRESS      *If radio button for Third Party on the PS US Savings Bond Spec - US Savings Bond Specificatn1 page is checked, then completion of U.S. Savings Bond Specificatn2 page is required.*

Address: Third Party Mailing Address (Information Requirement)

*PS\_BOND\_SPEC\_DATA.BOND\_DLVY\_IND*

Savings Bond Mailing Name (Information Requirement)

*PS\_BOND\_SPEC\_DATA.BOND\_DLVY\_IND*

**DOD 7000.14-R, VOL. 7A, Monthly Rates of Basic Pay-Enlisted Members-Effective January 1, 2001 (IC-01-01)**  
**CH. 2, TBL. 2-8**

Grade (Information Requirement)

*PS\_JOB.GRADE*

*PS\_SAL\_GRADE\_TBL.GRADE*

Grade Projected (Information Requirement)

*PS\_JOB.GRADE*

Pay: Type (Information Requirement)

*PS\_DEDUCTION\_TBL.DEDCD*

*PS\_EARNINGS\_TBL.ERNCD*

**DOD 7000.14-R, VOL. 7A, Date to Start BAH - Members with Dependents**  
**CH. 26, TBL. 26-6**

DEPENDENCY BEGIN DATE RULE      *If "DepBenef Type" on the PS Dependent/Beneficiary - Name page equals "Dependent" or "Dep/Benef", then "Dependency Begin Date" on the PS Dependent/Beneficiary - Personal Profile page must be populated.*

Dependency Start Date (Information Requirement)

**DOD 7000.14-R, VOL. 7A, Designated Beneficiary**  
**CH. 36, PARA. 360203**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Nondesignated Beneficiary**  
**CH. 36, PARA. 360204**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Authorized Allottee**  
**CH. 42, PARA. 420401**

Financial Account Type (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**DOD 7000.14-R, VOL. 7A, Full Time Coverage**  
**CH. 47, PARA. 470301**

Servicemen's Group Life Insurance (SGLI): Option (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

**DOD 7000.14-R, VOL. 7A,   Emergency Partial Payment**  
**CHAP. 32, PARA. 320202.A**

Payment Method (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**TITLE 37 USC, SECT. 403   Basic Allowance for Housing**

Basic Allowance for Housing (BAH) Dependent Entitlement (Information Requirement)

*PS\_ADDL\_PAY\_ERNCD.ERNCD*

Basic Allowance for Housing (BAH) Reimbursement Entitlement (Information Requirement)

*PS\_ADDL\_PAY\_ERNCD.ERNCD*

**TITLE 38 USC, CH. 13,       Dependency and indemnity compensation to parents**  
**SEC. 1315, PARA. (F)(1)(F)**

Agreement Life Insurance Type (Information Requirement)



## **F6114.02 COLLECT INFORMATION TO PROCESS OTHER MEMB**

**DOD 7000.14-R, VOL. 7A, Monthly Rates of Basic Pay-Enlisted Members-Effective January 1, 2001 (IC-01-01)**  
**CH. 2, TBL. 2-8**

Grade (Information Requirement)

*PS\_JOB.GRADE*

*PS\_SAL\_GRADE\_TBL.GRADE*

Grade Projected (Information Requirement)

*PS\_JOB.GRADE*

Pay: Type (Information Requirement)

*PS\_DEDUCTION\_TBL.DEDCD*

*PS\_EARNINGS\_TBL.ERNCD*

**DOD 7000.14-R, VOL. 7A, Date to Start BAH - Members with Dependents**  
**CH. 26, TBL. 26-6**

*DEPENDENCY BEGIN*      *If "DepBenef Type" on the PS Dependent/Beneficiary - Name page equals*  
*DATE RULE*              *"Dependent" or "Dep/Benef", then "Dependency Begin Date" on the PS*  
   *Dependent/Beneficiary - Personal Profile page must be populated.*

Dependency Start Date (Information Requirement)

**DOD 7000.14-R, VOL. 7A, Designated Beneficiary**  
**CH. 36, PARA. 360203**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Nondesignated Beneficiary**  
**CH. 36, PARA. 360204**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Authorized Allottee**  
**CH. 42, PARA. 420401**

Financial Account Type (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**DOD 7000.14-R, VOL. 7A, Full Time Coverage**  
**CH. 47, PARA. 470301**

Servicemen's Group Life Insurance (SGLI): Option (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

**DOD 7000.14-R, VOL. 7A, Emergency Partial Payment**  
**CHAP. 32, PARA. 320202.A**

Payment Method (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**DODI 1300.18, ENCL. 2,**  
**PARA. E2.1.1.25**

Beneficiary for Death Gratuity Relationship (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

*PS\_LIFE\_ADD\_BENEF.DEPENDENT\_BENEF*

Person Relationships (Information Requirement)

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

Servicemen's Group Life Insurance (SGLI): Beneficiary Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DODI 1300.18, ENCL. 7, RELIGIOUS PREFERENCE CODES  
ATT. 2**

Person Faith Group (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

**DODI 1300.18, PARA. 4 MILITARY MEMBER CASUALTY NEXT OF KIN (NOK) NOTIFICATION POLICY**

Beneficiary for Death Gratuity Relationship (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

*PS\_LIFE\_ADD\_BENEFC.DEPENDENT\_BENEF*

Servicemen's Group Life Insurance (SGLI): Beneficiary Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**TITLE 26 USC, CH. 24, Withholding Exemptions  
SEC. 3402, PARA. (F)(1)**

Federal Income Tax Withholding Deduction Election (Information Requirement)

*PS\_FED\_TAX\_DATA.FWT\_MAR\_STATUS*

**USMEPCOM 601-23, TBL.  
3-1**

Address: Directional Instructions Text (Information Requirement)

Beneficiary for Death Gratuity Relationship (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

*PS\_LIFE\_ADD\_BENEFC.DEPENDENT\_BENEF*

Person Relationships (Information Requirement)

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

Servicemen's Group Life Insurance (SGLI): Beneficiary Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

## **F62.02 RECORD MEMBER'S DISBURSEMENT ELECTION INFOR**

**DOD 7000.14-R, VOL. 7A, Monthly Rates of Basic Pay-Enlisted Members-Effective January 1, 2001 (IC-01-01)**  
**CH. 2, TBL. 2-8**

Grade (Information Requirement)

*PS\_JOB.GRADE*

*PS\_SAL\_GRADE\_TBL.GRADE*

Grade Projected (Information Requirement)

*PS\_JOB.GRADE*

Pay: Type (Information Requirement)

*PS\_DEDUCTION\_TBL.DEDCD*

*PS\_EARNINGS\_TBL.ERNCD*

**DOD 7000.14-R, VOL. 7A, Date to Start BAH - Members with Dependents**  
**CH. 26, TBL. 26-6**

*DEPENDENCY BEGIN*      *If "DepBenef Type" on the PS Dependent/Beneficiary - Name page equals*  
*DATE RULE*              *"Dependent" or "Dep/Benef", then "Dependency Begin Date" on the PS*  
   *Dependent/Beneficiary - Personal Profile page must be populated.*

Dependency Start Date (Information Requirement)

**DOD 7000.14-R, VOL. 7A, Designated Beneficiary**  
**CH. 36, PARA. 360203**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Nondesignated Beneficiary**  
**CH. 36, PARA. 360204**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Authorized Allottee**  
**CH. 42, PARA. 420401**

Financial Account Type (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**DOD 7000.14-R, VOL. 7A, Full Time Coverage**  
**CH. 47, PARA. 470301**

Servicemen's Group Life Insurance (SGLI): Option (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

**DOD 7000.14-R, VOL. 7A, Emergency Partial Payment**  
**CHAP. 32, PARA. 320202.A**

Payment Method (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

## **F62.03 SUPPORT THE COMPUTATION OF MEMBER'S ACTUAL**

**DOD 7000.14-R, VOL. 7A, Monthly Rates of Basic Pay-Enlisted Members-Effective January 1, 2001 (IC-01-01)**  
**CH. 2, TBL. 2-8**

Grade (Information Requirement)

*PS\_JOB.GRADE*

*PS\_SAL\_GRADE\_TBL.GRADE*

Grade Projected (Information Requirement)

*PS\_JOB.GRADE*

Pay: Type (Information Requirement)

*PS\_DEDUCTION\_TBL.DEDCD*

*PS\_EARNINGS\_TBL.ERNCD*

**DOD 7000.14-R, VOL. 7A, Date to Start BAH - Members with Dependents**  
**CH. 26, TBL. 26-6**

*DEPENDENCY BEGIN*      *If "DepBenef Type" on the PS Dependent/Beneficiary - Name page equals*  
*DATE RULE*              *"Dependent" or "Dep/Benef", then "Dependency Begin Date" on the PS*  
   *Dependent/Beneficiary - Personal Profile page must be populated.*

Dependency Start Date (Information Requirement)

**DOD 7000.14-R, VOL. 7A, Designated Beneficiary**  
**CH. 36, PARA. 360203**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Nondesignated Beneficiary**  
**CH. 36, PARA. 360204**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Authorized Allottee**  
**CH. 42, PARA. 420401**

Financial Account Type (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**DOD 7000.14-R, VOL. 7A, Full Time Coverage**  
**CH. 47, PARA. 470301**

Servicemen's Group Life Insurance (SGLI): Option (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

**DOD 7000.14-R, VOL. 7A, Emergency Partial Payment**  
**CHAP. 32, PARA. 320202.A**

Payment Method (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

## **F62.04 MAINTAIN PAYROLL DISBURSEMENT HISTORY**

**DOD 7000.14-R, VOL. 7A, Monthly Rates of Basic Pay-Enlisted Members-Effective January 1, 2001 (IC-01-01)**  
**CH. 2, TBL. 2-8**

Grade (Information Requirement)

*PS\_JOB.GRADE*

*PS\_SAL\_GRADE\_TBL.GRADE*

Grade Projected (Information Requirement)

*PS\_JOB.GRADE*

Pay: Type (Information Requirement)

*PS\_DEDUCTION\_TBL.DEDCD*

*PS\_EARNINGS\_TBL.ERNCD*

**DOD 7000.14-R, VOL. 7A, Date to Start BAH - Members with Dependents**  
**CH. 26, TBL. 26-6**

*DEPENDENCY BEGIN*      *If "DepBenef Type" on the PS Dependent/Beneficiary - Name page equals*  
*DATE RULE*                *"Dependent" or "Dep/Benef", then "Dependency Begin Date" on the PS*  
   *Dependent/Beneficiary - Personal Profile page must be populated.*

Dependency Start Date (Information Requirement)

**DOD 7000.14-R, VOL. 7A, Designated Beneficiary**  
**CH. 36, PARA. 360203**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Nondesignated Beneficiary**  
**CH. 36, PARA. 360204**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

**DOD 7000.14-R, VOL. 7A, Authorized Allottee**  
**CH. 42, PARA. 420401**

Financial Account Type (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

**DOD 7000.14-R, VOL. 7A, Full Time Coverage**  
**CH. 47, PARA. 470301**

Servicemen's Group Life Insurance (SGLI): Option (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

**DOD 7000.14-R, VOL. 7A, Emergency Partial Payment**  
**CHAP. 32, PARA. 320202.A**

Payment Method (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

## **F62.05 RECORD RECEIPT OF PAY COLLECTIONS**

### **DOD 7000.14-R, VOL. 7A, Monthly Rates of Basic Pay-Enlisted Members-Effective January 1, 2001 (IC-01-01) CH. 2, TBL. 2-8**

Grade (Information Requirement)

*PS\_JOB.GRADE*

*PS\_SAL\_GRADE\_TBL.GRADE*

Grade Projected (Information Requirement)

*PS\_JOB.GRADE*

Pay: Type (Information Requirement)

*PS\_DEDUCTION\_TBL.DEDCD*

*PS\_EARNINGS\_TBL.ERNCD*

### **DOD 7000.14-R, VOL. 7A, Date to Start BAH - Members with Dependents CH. 26, TBL. 26-6**

*DEPENDENCY BEGIN*      *If "DepBenef Type" on the PS Dependent/Beneficiary - Name page equals*  
*DATE RULE*              *"Dependent" or "Dep/Benef", then "Dependency Begin Date" on the PS*  
   *Dependent/Beneficiary - Personal Profile page must be populated.*

Dependency Start Date (Information Requirement)

### **DOD 7000.14-R, VOL. 7A, Designated Beneficiary CH. 36, PARA. 360203**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

### **DOD 7000.14-R, VOL. 7A, Nondesignated Beneficiary CH. 36, PARA. 360204**

Beneficiary for Unpaid Pay Relationship (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

### **DOD 7000.14-R, VOL. 7A, Authorized Allottee CH. 42, PARA. 420401**

Financial Account Type (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

### **DOD 7000.14-R, VOL. 7A, Full Time Coverage CH. 47, PARA. 470301**

Servicemen's Group Life Insurance (SGLI): Option (Information Requirement)

*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*

### **DOD 7000.14-R, VOL. 7A, Emergency Partial Payment CHAP. 32, PARA. 320202.A**

Payment Method (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*

### **TITLE 37 USC, SECT. 403 Basic Allowance for Housing**

Basic Allowance for Housing (BAH) Dependent Entitlement (Information Requirement)

*PS\_ADDL\_PAY\_ERNCD.ERNCD*

Basic Allowance for Housing (BAH) Reimbursement Entitlement (Information Requirement)

*PS\_ADDL\_PAY\_ERNCD.ERNCD*

## Information Requirements Without References

Accession Processing Date (Information Requirement)

*PS\_PERS\_DATA\_EFFDT.EFFDT*

Address: Allotment Address (Information Requirement)

Address: Beneficiary for Death Gratuity Address (Information Requirement)

*PS\_DEPENDENT\_BENEF.ADDRESS1*

*PS\_DEPENDENT\_BENEF.ADDRESS2*

*PS\_DEPENDENT\_BENEF.ADDRESS3*

*PS\_DEPENDENT\_BENEF.ADDRESS4*

*PS\_DEPENDENT\_BENEF.CITY*

*PS\_DEPENDENT\_BENEF.COUNTRY*

*PS\_DEPENDENT\_BENEF.COUNTY*

*PS\_DEPENDENT\_BENEF.POSTAL*

*PS\_DEPENDENT\_BENEF.STATE*

Address: Beneficiary for Servicemen's Group Life Insurance (SGLI) Address (Information Requirement)

*PS\_DEPENDENT\_BENEF.ADDRESS1*

*PS\_DEPENDENT\_BENEF.ADDRESS2*

*PS\_DEPENDENT\_BENEF.ADDRESS3*

*PS\_DEPENDENT\_BENEF.ADDRESS4*

*PS\_DEPENDENT\_BENEF.CITY*

*PS\_DEPENDENT\_BENEF.COUNTRY*

*PS\_DEPENDENT\_BENEF.COUNTY*

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

*PS\_DEPENDENT\_BENEF.POSTAL*

*PS\_DEPENDENT\_BENEF.SAME\_ADDRESS\_EMPL*

*PS\_DEPENDENT\_BENEF.STATE*

*PS\_LIFE\_ADD\_BENEF.CDEPENDENT\_BENEF*

Address: Beneficiary for Unpaid Pay Address (Information Requirement)

ADDRESS: DEPENDENT CURRENT RESIDENCE (Information Requirement)

*PS\_DEPENDENT\_BENEF.ADDRESS1*

*PS\_DEPENDENT\_BENEF.ADDRESS2*

*PS\_DEPENDENT\_BENEF.ADDRESS3*

*PS\_DEPENDENT\_BENEF.ADDRESS4*

*PS\_DEPENDENT\_BENEF.CITY*

*PS\_DEPENDENT\_BENEF.COUNTRY*

*PS\_DEPENDENT\_BENEF.COUNTY*

*PS\_DEPENDENT\_BENEF.POSTAL*

*PS\_DEPENDENT\_BENEF.SAME\_ADDRESS\_EMPL*

*PS\_DEPENDENT\_BENEF.STATE*

Address: Foreign Zip Code (Information Requirement)

*PS\_ADDRESSES.POSTAL*

Address: Future Mailing Address (Information Requirement)

*PS\_ADDRESSES.ADDRESS\_TYPE*

*PS\_ADDRESSES.ADDRESS1*  
*PS\_ADDRESSES.ADDRESS2*  
*PS\_ADDRESSES.ADDRESS3*  
*PS\_ADDRESSES.ADDRESS4*  
*PS\_ADDRESSES.CITY*  
*PS\_ADDRESSES.COUNTRY*  
*PS\_ADDRESSES.COUNTY*  
*PS\_ADDRESSES.EFFDT*  
*PS\_ADDRESSES.POSTAL*  
*PS\_ADDRESSES.STATE*

Address: Home of Record (Information Requirement)

*PS\_ADDRESSES.ADDRESS\_TYPE*  
*PS\_ADDRESSES.ADDRESS1*  
*PS\_ADDRESSES.ADDRESS2*  
*PS\_ADDRESSES.ADDRESS3*  
*PS\_ADDRESSES.ADDRESS4*  
*PS\_ADDRESSES.CITY*  
*PS\_ADDRESSES.COUNTRY*  
*PS\_ADDRESSES.COUNTY*  
*PS\_ADDRESSES.POSTAL*  
*PS\_ADDRESSES.STATE*

Address: Leave and Earnings Statement (LES) (Information Requirement)

*PS\_PERSONAL\_DATA.ADDRESS1*  
*PS\_PERSONAL\_DATA.ADDRESS2*  
*PS\_PERSONAL\_DATA.ADDRESS3*  
*PS\_PERSONAL\_DATA.ADDRESS4*  
*PS\_PERSONAL\_DATA.CITY*  
*PS\_PERSONAL\_DATA.COUNTRY*  
*PS\_PERSONAL\_DATA.COUNTY*  
*PS\_PERSONAL\_DATA.POSTAL*  
*PS\_PERSONAL\_DATA.STATE*

Address: Legal Residence, City or Governing Entity (Information Requirement)

*PS\_LOCAL\_TAX\_DATA.LOCALITY*

Address: Member Current Residence (Information Requirement)

*PS\_ADDRESSES.ADDRESS\_TYPE*  
*PS\_ADDRESSES.ADDRESS1*  
*PS\_ADDRESSES.ADDRESS2*  
*PS\_ADDRESSES.ADDRESS3*  
*PS\_ADDRESSES.ADDRESS4*  
*PS\_ADDRESSES.CITY*  
*PS\_ADDRESSES.COUNTRY*  
*PS\_ADDRESSES.COUNTY*  
*PS\_ADDRESSES.POSTAL*  
*PS\_ADDRESSES.STATE*

Address: Spouse Address (Information Requirement)



*PS\_DEPENDENT\_BENEF.ADDRESS1*  
*PS\_DEPENDENT\_BENEF.ADDRESS2*  
*PS\_DEPENDENT\_BENEF.ADDRESS3*  
*PS\_DEPENDENT\_BENEF.ADDRESS4*  
*PS\_DEPENDENT\_BENEF.CITY*  
*PS\_DEPENDENT\_BENEF.COUNTRY*  
*PS\_DEPENDENT\_BENEF.COUNTY*  
*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*  
*PS\_DEPENDENT\_BENEF.POSTAL*  
*PS\_DEPENDENT\_BENEF.SAME\_ADDRESS\_EMPL*  
*PS\_DEPENDENT\_BENEF.STATE*  
 Address: Zip Code (Information Requirement)  
*PS\_ADDRESSES.POSTAL*  
 Agreement Beneficiary Allocation Percentage Rate (Information Requirement)  
*PS\_LIFE\_ADD\_BENEFC.BENEF\_PCT*  
 Alias Name (Information Requirement)  
*PS\_PERS\_NAME\_TYPE.NAME\_TYPE*  
*PS\_PERSONAL\_DATA.NAME*  
 Alien Entered the United States (U.S.) Date (Information Requirement)  
*PS\_VISA\_PMT\_DATA.ENTRY\_DT*  
 Alien Registration Number (Information Requirement)  
*PS\_PERS\_NID.NATIONAL\_ID\_TYPE*  
 Allotment Account Number (Information Requirement)  
*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_NUM*  
 Allotment Amount (Information Requirement)  
*PS\_DIR\_DEP\_DISTRIB.DEPOSIT\_AMT*  
 Allotment Classification Type (Information Requirement)  
  
 Allotment Designee Full Legal Name (Information Requirement)  
  
 Allotment Designee Percentage if Missing (Information Requirement)  
  
 Allotment Term (Information Requirement)  
  
 Annex/SOU/Enlistment Document Identifier (Information Requirement)  
*PS\_CONTRACT\_DATA.CONTRACT\_NUM*  
 Annex/SOU/Enlistment Document Name (Information Requirement)  
*PS\_CONTRACT\_DATA.COMMENTS*  
*PS\_CONTRACT\_DATA.CONTRACT\_NUM*  
 Appearance Inspection Failure Reason (Information Requirement)  
*PS\_WKF\_CNT\_CLAUSE.CONTRACT\_CLAUSE*  
 Armed Forces Qualification Test Score (Information Requirement)  
*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*  
*PS\_ACCOMPLISHMENTS.SCORE*  
 Armed Forces Qualification Test Score Date (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*  
*PS\_ACCOMPLISHMENTS.DT\_ISSUED*  
Assigned Duty Projected Start Date (Information Requirement)  
*PS\_JOB.ACTION*  
*PS\_JOB.ACTION\_REASON*  
*PS\_JOB.EFFDT*  
Assigned Duty Projected Stop Date (Information Requirement)  
*PS\_JOB.ACTION*  
*PS\_JOB.ACTION\_REASON*  
*PS\_JOB.EFFDT*  
Assigned Organization Identifier (Information Requirement)  
*PS\_JOB.BUSINESS\_UNIT*  
*PS\_JOB.DEPTID*  
Assigned Organization Name (Information Requirement)  
*PS\_DEPT\_TBL.DESCR*  
Assigned Position Actual Start Date (Information Requirement)  
*PS\_JOB.ACTION*  
*PS\_JOB.ACTION\_REASON*  
*PS\_JOB.EFFDT*  
Authentication Date (Information Requirement)  
*PS\_CONTRACT\_DATA.SIGNATURE\_DT*  
Basic Active Service Date (Information Requirement)  
*PS\_PERSONAL\_DATA.ORIG\_HIRE\_DT*  
Basic Allowance for Housing (BAH) Dependency Certification Date (Information Requirement)  
*PS\_ADDL\_PAY\_EFFDT.EFFDT*  
Beneficiary Appointed Date (Information Requirement)  
*PS\_LIFE\_ADD\_BEN\_COVERAGE\_ELECT\_DT*  
Beneficiary for Death Gratuity Full Legal Name (Information Requirement)  
*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*  
*PS\_DEPENDENT\_BENEF.NAME*  
*PS\_LIFE\_ADD\_BENEFC.DEPENDENT\_BENEF*  
Beneficiary for Death Gratuity Percentage (Information Requirement)  
*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*  
*PS\_LIFE\_ADD\_BENEFC.BENEF\_PCT*  
Beneficiary for Death Gratuity Social Security Number (Information Requirement)  
*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*  
*PS\_DEP\_BENEF\_NID.NATIONAL\_ID*  
*PS\_DEP\_BENEF\_NID.NATIONAL\_ID\_TYPE*  
*PS\_LIFE\_ADD\_BENEFC.DEPENDENT\_BENEF*  
Beneficiary for Unpaid Pay Full Legal Name (Information Requirement)  
*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*  
*PS\_DEPENDENT\_BENEF.FIRST\_NAME*  
*PS\_DEPENDENT\_BENEF.LAST\_NAME*  
*PS\_DEPENDENT\_BENEF.MIDDLE\_NAME*

*PS\_DEPENDENT\_BENEF.NAME*

*PS\_DEPENDENT\_BENEF.NAME\_SUFFIX*

Beneficiary for Unpaid Pay Social Security Number (Information Requirement)

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID*

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID\_TYPE*

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

Buddy Plan Indicator (Information Requirement)

Buddy Quantity (Information Requirement)

Buddy's Scheduled Ship Date (Information Requirement)

Buddy's Social Security Number (Information Requirement)

Certification Duration (Information Requirement)

*PS\_ACCOMPLISHMENTS.DT\_ISSUED*

*PS\_ACCOMPLISHMENTS.EXPIRATN\_DT*

Certification Effective Date (Information Requirement)

*PS\_ACCOMPLISHMENTS.DT\_ISSUED*

Certification Periodic End Date (Information Requirement)

*PS\_ACCOMPLISHMENTS.EXPIRATN\_DT*

Certification Periodic Start Date (Information Requirement)

*PS\_ACCOMPLISHMENTS.DT\_ISSUED*

Certifying Officer Full Legal Name (Information Requirement)

*PS\_CONTRACT\_DATA.RESPONSIBLE\_ID*

Civilian Acquired Skill - Years of Experience (Information Requirement)

Civilian Acquired Skill Name (Information Requirement)

*PS\_COMPETENCY\_TBL.DESCR*

College Attended Address (Information Requirement)

*PS\_ACCOMPLISHMENTS.COUNTRY\_OTHER*

*PS\_ACCOMPLISHMENTS.SCHOOL*

*PS\_ACCOMPLISHMENTS.SCHOOL\_CODE*

*PS\_ACCOMPLISHMENTS.STATE\_OTHER*

*PS\_COUNTRY\_TBL.COUNTRY*

College Attended Name (Information Requirement)

*PS\_ACCOMPLISHMENTS.SCHOOL*

College Graduation Date (Information Requirement)

*PS\_ACCOMPLISHMENTS.DT\_ISSUED*

*PS\_ACCOMPLISHMENTS.SCHOOL*

College Hours Quantity (Information Requirement)

Declaration of Montgomery GI Bill (MGIB) Enrollment Date (Information Requirement)

Defense Language Aptitude Battery Test Score (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

*PS\_ACCOMPLISHMENTS.DT\_ISSUED*  
*PS\_ACCOMPLISHMENTS.SCORE*  
Depth Perception Test Result Date (Information Requirement)

Direct Deposit Effective Date (Information Requirement)  
*PS\_DIRECT\_DEPOSIT.EFFDT*  
Direct Deposit Waiver Effective Date (Information Requirement)  
*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_TYPE*  
*PS\_DIRECT\_DEPOSIT.EFFDT*  
Driver's License Expiration Date (Information Requirement)  
*PS\_DRIVERS\_LIC.EXPIRATN\_DT*  
Driver's License Number (Information Requirement)  
*PS\_DRIVERS\_LIC.DRIVERS\_LIC\_NBR*  
Effective Date of Current State (Information Requirement)  
*PS\_PERS\_DATA.EFFDT.EFFDT*  
Electronic Address Text (Information Requirement)  
*PS\_DEPENDENT\_BENEF.PHONE*  
*PS\_EMAIL\_ADDRESSES.E\_ADDR\_TYPE*  
*PS\_EMAIL\_ADDRESSES.EMAIL\_ADDR*  
*PS\_PERSONAL\_DATA.PHONE*  
*PS\_PERSONAL\_PHONE.PHONE*  
*PS\_PERSONAL\_PHONE.PHONE\_TYPE*  
Emancipated Minor Indicator (Information Requirement)  
*PS\_WKF\_CNT\_CLAUSE.CONTRACT\_CLAUSE*  
End of Current Contract (Information Requirement)  
*PS\_CONTRACT\_DATA.CONTRACT\_END\_DT*  
End of Obligated Service Date (Information Requirement)  
*PS\_CONTRACT\_DATA.CONTRCT\_EXP\_END\_DT*  
Enlistment Contract End Date (Information Requirement)  
*PS\_CONTRACT\_DATA.CONTRACT\_END\_DT*  
Enlistment Date (Information Requirement)  
*PS\_CONTRACT\_DATA.CONTRACT\_BEGIN\_DT*  
*PS\_CONTRACT\_DATA.SIGNATURE\_DT*  
*PS\_JOB.EFFDT*  
Exception to Policy Authority (Information Requirement)  
*PS\_WKF\_CNT\_CLAUSE.COMMENTS*  
*PS\_WKF\_CNT\_CLAUSE.CONTRACT\_CLAUSE*  
Exception to Policy Description (Information Requirement)  
*PS\_WKF\_CNT\_CLAUSE.COMMENTS*  
Exception to Policy End Date (Information Requirement)  
*PS\_WKF\_CNT\_CLAUSE.COMMENTS*  
Exception to Policy Name (Information Requirement)  
*PS\_WKF\_CNT\_CLAUSE.COMMENTS*  
Exception to Policy Start Date (Information Requirement)

*PS\_WKF\_CNT\_CLAUSE.COMMENTS*  
Exempt From Federal Withholding Indicator (Information Requirement)

*PS\_FED\_TAX\_DATA.SPECIAL\_FWT\_STATUS*  
Exempt from State Withholding Indicator (Information Requirement)

*PS\_STATE\_TAX\_DATA.SPECIAL\_SWT\_STATUS*  
Federal Income Tax Withholding Exemption Number (Information Requirement)

*PS\_FED\_TAX\_DATA.FWT\_ALLOWANCES*  
Financial Institution Account Number (Information Requirement)

*PS\_DIR\_DEP\_DISTRIB.ACCOUNT\_NUM*  
Financial Institution Name (Information Requirement)

*PS\_BANK\_EC\_TBL.BANK\_NM*  
Financial Institution Routing Number (Information Requirement)

*PS\_BANK\_EC\_TBL.BANK\_CD*  
Foreign Language Proficiency Test Date (Information Requirement)

*PS\_ACCOMPLISHMENTS.EVALUATION\_DT*  
Geographic Location Guaranteed by Enlistment (Information Requirement)

*PS\_WKF\_CNT\_CLAUSE.CONTRACT\_CLAUSE*  
Grade Effective Date (Information Requirement)

*PS\_JOB.GRADE\_ENTRY\_DT*  
Grade Projected Date (Information Requirement)

*PS\_JOB.GRADE\_ENTRY\_DT*  
Guaranteed Trng. Adv. Occupational Specialty Trng. (Information Requirement)

*PS\_WKF\_CNT\_CLAUSE.CONTRACT\_CLAUSE*  
Guaranteed Trng. Init. Occupational Specialty Trng. (Information Requirement)

*PS\_WKF\_CNT\_CLAUSE.CONTRACT\_CLAUSE*  
Heterophoria Test Result (Information Requirement)

High School Address (Information Requirement)

*PS\_SCHOOL\_EDUCAT.SCHOOL\_TYPE*  
*PS\_SCHOOL\_TBL.COUNTRY*  
*PS\_SCHOOL\_TBL.STATE*

High School Graduation Date (Information Requirement)

*PS\_SCHOOL\_EDUCAT.DATE\_ACQUIRED*  
*PS\_SCHOOL\_EDUCAT.SCHOOL\_TYPE*

High School Name (Information Requirement)

*PS\_SCHOOL\_EDUCAT.SCHOOL*  
*PS\_SCHOOL\_EDUCAT.SCHOOL\_TYPE*

Incentive: Control Number (Information Requirement)

*PS\_CNT\_CLAUSE\_TBL.CONTRACT\_CLAUSE*

Incentive: Description (Information Requirement)

*PS\_WKF\_CNT\_CLAUSE.COMMENTS*

Incentive: Status (Information Requirement)

*PS\_WKF\_CNT\_CLAUSE.CLAUSE\_STATUS*

Infectious Disease Test Description (Information Requirement)

*PS\_PHYSICAL\_EXAM.EXAM\_TYPE\_CD*

Infectious Disease Test Results (Information Requirement)

*PS\_PHYSICAL\_EXAM.COMMENTS*

Initial Strength Test Indicator (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

*PS\_ACCOMPLISHMENTS.PASSED*

Insurance Company Address (Information Requirement)

Insurance Company Full Name (Information Requirement)

Insurance Company Policy Number (Information Requirement)

Joint Payee Full Legal Name (Information Requirement)

Joint Payee Signature or Authentication Date (Information Requirement)

Joint Payee Signature or Authentication Indicator (Information Requirement)

Military Spouse Indicator (Information Requirement)

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID*

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID\_TYPE*

*PS\_DEPENDENT\_BENEF.RELATIONSHIP*

*PS\_PERS\_DATA\_EFFDT.MAR\_STATUS*

Montgomery GI Bill (MGIB): Election Date (Information Requirement)

Montgomery GI Bill (MGIB): Eligibility Start Date (Information Requirement)

Montgomery GI Bill (MGIB): Eligibility Status (Information Requirement)

Montgomery GI Bill (MGIB): Eligibility Stop Date (Information Requirement)

Montgomery GI Bill (MGIB): Enrollment Status (Information Requirement)

Montgomery GI Bill (MGIB): Kicker (Information Requirement)

Montgomery GI Bill (MGIB): Status Indicator (Information Requirement)

Name Change Date (Information Requirement)

Obligated Active Length of Service (Information Requirement)

Obligated Length of Service Total (Information Requirement)

Obligated Reserve Length of Service (Information Requirement)

Organ Donor Indicator (Information Requirement)

*PS\_PHYSICAL\_EXAM.ORGAN\_DONOR*

Pay: Entry Base Date (Information Requirement)

Pay: Frequency Election (Information Requirement)

*PS\_JOB.PAYGROUP*

*PS\_PAYGROUP\_TBL.PAY\_FREQUENCY*

Pay: Grade Date (Information Requirement)

*PS\_JOB.GRADE\_ENTRY\_DT*

Pay: Plan (Information Requirement)

*PS\_SAL\_PLAN\_TBL.SAL\_ADMIN\_PLAN*

Pay: Plan Category (Information Requirement)

*PS\_SAL\_PLAN\_TBL.SAL\_ADMIN\_PLAN*

Pay: Plan Grade Step (Information Requirement)

*PS\_JOB.GRADE*

*PS\_JOB.STEP*

Pay: Type Eligibility Start Date (Information Requirement)

*PS\_ADDL\_PAY\_EFFDT.EFFDT*

Pay: Type Eligibility Stop Date (Information Requirement)

*PS\_ADDL\_PAY\_DATA.EARNINGS\_END\_DT*

Pay: Type Status Reason (Information Requirement)

*PS\_JOB.ACTION\_REASON*

Person Body Fat Percentage (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

*PS\_ACCOMPLISHMENTS.PASSED*

*PS\_ACCOMPLISHMENTS.SCORE*

Person Body Fat Percentage Date (Information Requirement)

*PS\_ACCOMPLISHMENTS.DT\_ISSUED*

Person Date Of Birth (Information Requirement)

*PS\_DEPENDENT\_BENEF.BIRTHDATE*

*PS\_PERSONAL\_DATA.BIRTHDATE*

Person Dependency Indicator (Information Requirement)

*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

Person Dependency Social Security Number (SSN) (Information Requirement)

*PS\_PERS\_NID.NATIONAL\_ID*

*PS\_PERS\_NID.NATIONAL\_ID\_TYPE*

Person Faith Group Declaration Calendar Date (Information Requirement)

*PS\_ACCOMPLISHMENTS.DT\_ISSUED*

Person Full Legal Name (Information Requirement)

*PS\_DEPENDENT\_BENEF.NAME*

*PS\_EMERGENCY\_CNTCT.CONTACT\_NAME*

*PS\_PERSONAL\_DATA.NAME*

Person Height (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*

*PS\_ACCOMPLISHMENTS.SCORE*

Person Home Telephone Number (Information Requirement)

*PS\_DEPENDENT\_PHONE.PHONE*

*PS\_EMERGENCY\_PHONE.PHONE*

*PS\_PERSONAL\_DATA.PHONE*

Person Identifier (Information Requirement)

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID*

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID\_TYPE*

*PS\_PERSONAL\_DATA.EMPLID*

Person Location (Information Requirement)

*PS\_JOB.LOCATION*

Person Location Date Time (Information Requirement)

*PS\_JOB.EFFDT*

Person Marital Status Date (Information Requirement)

*PS\_DEPENDENT\_BENEF.MAR\_STATUS\_DT*

*PS\_PERS\_DATA.EFFDT.EFFDT*

Person Physical Ranking Date (Information Requirement)

Person Race Declaration Date (Information Requirement)

*PS\_PERS\_DATA.EFFDT.EFFDT*

Person Security Briefing Date (Information Requirement)

Person Social Security Number (Information Requirement)

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID*

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID\_TYPE*

*PS\_PERS\_NID.NATIONAL\_ID*

*PS\_PERS\_NID.NATIONAL\_ID\_TYPE*

Person Weight (Information Requirement)

*PS\_ACCOMPLISHMENTS.SCORE*

Physical Examination Date (Information Requirement)

*PS\_PHYSICAL\_EXAM.EXAM\_DT*

Place of Birth City (Information Requirement)

*PS\_DEPENDENT\_BENEF.BIRTHPLACE*

*PS\_PERSONAL\_DATA.BIRTHPLACE*

Policy Number (Information Requirement)

Previous Residence Address (Information Requirement)

*PS\_ADDRESSES.ADDRESS\_TYPE*

*PS\_ADDRESSES.ADDRESS1*

*PS\_ADDRESSES.ADDRESS2*

*PS\_ADDRESSES.ADDRESS3*

*PS\_ADDRESSES.ADDRESS4*

*PS\_ADDRESSES.CITY*

*PS\_ADDRESSES.COUNTRY*

*PS\_ADDRESSES.COUNTY*

*PS\_ADDRESSES.EFFDT*

*PS\_ADDRESSES.POSTAL*

*PS\_ADDRESSES.STATE*

Previous Residence Address End Date (Information Requirement)

*PS\_ADDRESSES.EFFDT*



Previous Residence Address Start Date (Information Requirement)

*PS\_ADDRESSES.EFFDT*

Projected Active Duty Loss Date (Information Requirement)

*PS\_CONTRACT\_DATA.CONTRACT\_END\_DT*

PROMOTION GUARANTEED BY ENLISTMENT TEXT (Information Requirement)

*PS\_CNT\_CLAUSE\_TBL.CONTRACT\_CLAUSE*

Reserve Active Duty Tour Days Year (Information Requirement)

Savings Bond Beneficiary's Name (Information Requirement)

*PS\_BOND\_SPEC\_DATA.BOND\_OTH\_REG\_ID*

*PS\_BOND\_SPEC\_DATA.BOND\_OTH\_REG\_TYPE*

*PS\_DEPENDENT\_BENEF.FIRST\_NAME*

*PS\_DEPENDENT\_BENEF.LAST\_NAME*

*PS\_DEPENDENT\_BENEF.MIDDLE\_NAME*

*PS\_DEPENDENT\_BENEF.NAME*

*PS\_DEPENDENT\_BENEF.NAME\_SUFFIX*

Savings Bond Beneficiary's Social Security Number (Information Requirement)

*PS\_BOND\_SPEC\_DATA.BOND\_OTH\_REG\_ID*

*PS\_BOND\_SPEC\_DATA.BOND\_OTH\_REG\_TYPE*

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID*

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID\_TYPE*

Savings Bond Co-Owner's Full Legal Name (Information Requirement)

*PS\_BOND\_SPEC\_DATA.BOND\_OTH\_REG\_TYPE*

*PS\_BOND\_SPEC\_DATA.BOND\_OWNER\_ID*

*PS\_DEPENDENT\_BENEF.FIRST\_NAME*

*PS\_DEPENDENT\_BENEF.LAST\_NAME*

*PS\_DEPENDENT\_BENEF.MIDDLE\_NAME*

*PS\_DEPENDENT\_BENEF.NAME*

*PS\_DEPENDENT\_BENEF.NAME\_SUFFIX*

Savings Bond Co-Owner's Social Security Number (Information Requirement)

*PS\_BOND\_SPEC\_DATA.BOND\_OTH\_REG\_TYPE*

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID*

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID\_TYPE*

Savings Bond Owner's Full Legal Name (Information Requirement)

*PS\_BOND\_SPEC\_DATA.BOND\_OWNER\_ID*

*PS\_DEPENDENT\_BENEF.FIRST\_NAME*

*PS\_DEPENDENT\_BENEF.LAST\_NAME*

*PS\_DEPENDENT\_BENEF.MIDDLE\_NAME*

*PS\_DEPENDENT\_BENEF.NAME*

*PS\_DEPENDENT\_BENEF.NAME\_SUFFIX*

Savings Bond Owner's Social Security Number (Information Requirement)

*PS\_BOND\_SPEC\_DATA.BOND\_OWNER\_ID*

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID*

*PS\_DEP\_BENEF\_NID.NATIONAL\_ID\_TYPE*

Selected Reserve Obligation Expiration Date (Information Requirement)

*PS\_CONTRACT\_DATA.CONTRACT\_END\_DT*  
Service Status Indicator Code Effective Date (Information Requirement)

Service Status Projected Start Date (Information Requirement)

Service Status Reserve/Guard Duty Actual Start Date/Time (Information Requirement)

Service Status Reserve/Guard Duty Projected Start Date/Time (Information Requirement)

Service Status Reserve/Guard Duty Projected Stop Date/Time (Information Requirement)

Servicemen's Group Life Insurance (SGLI): Beneficiary Election Date (Information Requirement)  
*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*  
*PS\_LIFE\_ADD\_BEN\_COVERAGE\_ELECT\_DT*

Servicemen's Group Life Insurance (SGLI): Beneficiary Full Legal Name (Information Requirement)  
*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*  
*PS\_DEPENDENT\_BENEF.FIRST\_NAME*  
*PS\_DEPENDENT\_BENEF.LAST\_NAME*  
*PS\_DEPENDENT\_BENEF.MIDDLE\_NAME*  
*PS\_DEPENDENT\_BENEF.NAME*  
*PS\_DEPENDENT\_BENEF.NAME\_SUFFIX*

Servicemen's Group Life Insurance (SGLI): Beneficiary Percentage (Information Requirement)  
*PS\_BENEFIT\_PARTIC.PLAN\_TYPE*  
*PS\_LIFE\_ADD\_BENEF.C.BENEF\_PCT*

Servicemen's Group Life Insurance (SGLI): Beneficiary Social Security Number (Information Requirement)  
*PS\_DEP\_BENEF\_NID.NATIONAL\_ID*  
*PS\_DEP\_BENEF\_NID.NATIONAL\_ID\_TYPE*  
*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*

Servicemen's Group Life Insurance (SGLI): Beneficiary Telephone Number (Information Requirement)  
*PS\_DEPENDENT\_BENEF.DEP\_BENEF\_TYPE*  
*PS\_DEPENDENT\_PHONE.PHONE*

Sole Survivor Rights Waiver Statement (Information Requirement)  
*PS\_WKF\_CNT\_CLAUSE.COMMENTS*

Specialty Skill Name (Information Requirement)  
*PS\_COMPETENCY\_TBL.DESCR*

State Income Tax Withholding Percentage (Information Requirement)

Statutory Authorization for Military Service (Information Requirement)

TD Form W-4 Effective Year Month (Information Requirement)  
*PS\_FED\_TAX\_DATA.EFFDT*

Term of Enlistment (Information Requirement)  
*PS\_CNT\_CLAUSE\_TBL.CONTRACT\_CLAUSE*  
*PS\_CONTRACT\_DATA.CONTRACT\_BEGIN\_DT*  
*PS\_CONTRACT\_DATA.CONTRACT\_EXP\_END\_DT*

Test Component (Information Requirement)

*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*  
Test Date (Information Requirement)  
*PS\_ACCOMPLISHMENTS.DT\_ISSUED*  
Test Name Administered (Information Requirement)  
*PS\_ACCOMP\_TBL.DESCR*  
Test Name Required (Information Requirement)  
*PS\_COMPETENCY\_TBL.COMPETENCY*  
Test Score (Information Requirement)  
*PS\_ACCOMPLISHMENTS.SCORE*  
Total Federal Service Date (Information Requirement)  
  
Typing Proficiency (Information Requirement)  
*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*  
*PS\_ACCOMPLISHMENTS.SCORE*  
Unit Identification Code (UIC, RUC, PAS) (Information Requirement)  
*PS\_JOB.DEPTID*  
Valsalva Test Result (Information Requirement)  
*PS\_ACCOMPLISHMENTS.ACCOMPLISHMENT*  
*PS\_ACCOMPLISHMENTS.SCORE*  
Visual Acuity (Information Requirement)  
  
Waiver Authority (Information Requirement)  
*PS\_WKF\_CNT\_CLAUSE.COMMENTS*